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Combined Declaration For Patent Application and Power of Attorney ATTORNEY DOCKI 85664PCW							OCKET			
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: MULTIPLE OUTPUT CCD FOR COLOR IMAGING										
The specification of which (check only one item below): X is attached hereto.										
was filed as United States Application Serial No. on and was amended on (if applicable).										
was filed as PCT intern	ational applicatio	n Number on and	l was	amended on (if applica	able).					
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:										
COUNTRY (Il PCT, indicate PCT)		PPLICATION NUMBER		DATE OF FILING		•	PRIORITY CLAIMED	JNDER 35 USC	§119	
							YES		NO	
Y					-		YES		NO NÓ	
			•							
I hereby claim the benefit under Title 35, United States Code, I19 §(e) of any United States provisional application(s) listed below: PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):										
	PPLICATION NUMBER				FIUNG DATE (mo	nttVday/year)		•		
		•				·	•			
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:										
PRIOR US APPLICATIONS C 35USC§120:	OR PCT INTERN	ATIONAL APPLIC	ATIC	ONS DESIGNATING TH	E U.S FOR	BENEF	IT UNDER	-		
U.S. APPLICATIONS				STATUS (Check one)						
U.S. APPLICATION NUMBER		. U.	U.S. FILING DATE		PATENTE	D	PENDING	ABA	NDONED	
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PCT APPLICATIONS DESIGNATING THE U.S.										
PCT APPLICATION NO. PCT FILING DATE			·	I.S. SERIAL NUMBERS ASSIGNED (if any)		_		-		
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Combined Declaration For Patent Application and Power of Attorney (Continued) ATTORNEY E								
P	POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or							
a tl	gent(s) as	ssociated with Eastm cation and transact al	an Koda	k Company <u>Custome</u> ss in the Patent and Tr	r No.	01333 to pr	rosecute	
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Send Correspondence to: Patent Legal Staff Direct Telephone Calls to: (name and telephone number)								
,				c Company				
343 State Stree						Peyton C.		
		Roche	ster, NY	14650-2201		585-477-8282 FAX: 585-477-4646		
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2	FULL NAME OF INVENTOR	FAMILY NAME	٠.,	FIRST GIVEN NAME	3101	SECOND GIVEN NAME		
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2	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	**	STATE & ZIP CODE (COUNTRY)		
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5	BUSINESS ADDRESS	BUSINESS ADDRESS	•	CITY		STATE & ZIP CODE	(COUNTRY)	
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME		SECOND GIVEN NAME		
٥	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
6	BUSINESS ' ADDRESS	BUSINESS ADDRESS		CITY		STATE & ZIP CODE		
imp	risonment, or	that these statements were made	ie with the k	owledge are true and that all statem knowledge that willful false statem inited States Code, and that such wi	ents and t	he like so made a	re nunichable by fine or	
SIGNATURE OF INVENTOR 201 SIGN			SIGNATURE	OF INVENTOR 202	ATURE OF INVENTOR 203			
Christyle Yah								
DATE 9/26/03		DATE		DATE	ATE			
SIGNATURE OF INVENTOR 204		SIGNATURE OF INVENTOR 205 SIGN		SIGN	NATURE OF INVENTOR 206			
DAT	E		DATE		DATE			